

Dear Senator Osten, Representative Walker and distinguished members of the Appropriations Committee, my name is Myra Watnick and I am the Director of Rehabilitation Associates of Connecticut, Inc. a state-contracted birth to three provider. Thank you for the opportunity to offer testimony regarding HB5037, An Act Adjusting the State Budget for the Biennium ending June 30, 2023. Specifically, I am here today to testify about the negative impact 5 years of level funding and the Covid-19 pandemic has had on Birth to Three (B23) Services in our State.

The Birth to Three Program has served more than 9000 children and families in the past year. There are presently 19 programs that service children with developmental challenges. In addition most of these programs also provide resources for children on the autism spectrum. The staff working with these families are highly educated, tremendously dedicated, and quite overworked. They have spent the last two years meeting the needs of toddlers and families via remote visits, daycare visits and home visits whenever possible.

Between COVID outbreaks affecting children, family members, daycare providers and staff, it was amazing that we were able to service as many families as we did. It has been difficult to keep staff, attract new staff and have families want to continue as part of the birth to three family when there are so many challenging factors affecting the provision of quality services. There are many less Physical Therapists out in the field. The latest requirements mandate that the Physical Therapist have a Doctorate in order to provide services. Licensed behavior analysts are also very difficult to find and hire throughout Connecticut. Speech Pathologists will often go to work in the schools rather than birth to three especially during the pandemic. There are more environmental and safety controls in the schools and less variable situations which put everyone at greater risk for contracting COVID-19

We have not had any increases for the last five years and we have been left off all cost of living increases since 2013. While we were doing mostly remote visits we were able to sustain some of the fiscal overload because we did not have to reimburse staff for travel. Going forward we will be paying staff for all of the travel to homes and daycares and we need to give salary increases in order to keep qualified staff out in the field.

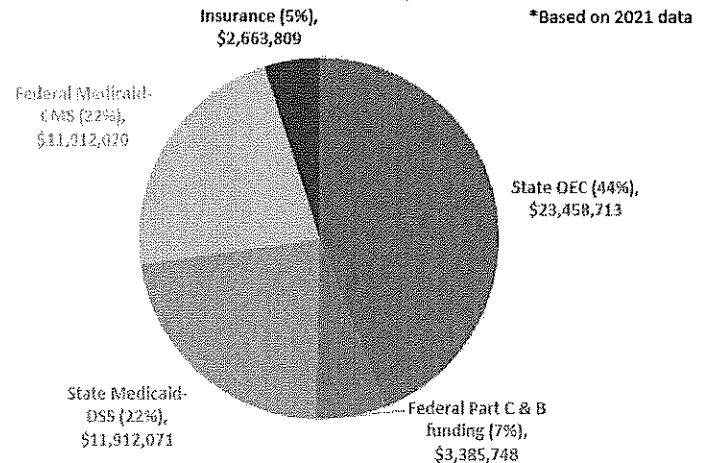
We are looking for your support to increase interim GAP payments (general administrative payment) to programs on an emergency basis. In addition we hope that Birth to Three will have your backing to receive additional funding via ARPA funds and other federal initiatives given to states during this critical time!

Who are we?

Every Birth to Three Program (B23) in Connecticut, 19 in total, are working together to express our immediate legislative needs!

In 2020, B23 programs provided comprehensive home/community based early intervention services to 9,425 infants and toddlers with health impairments, developmental delays, social emotional concerns, and autism spectrum disorder.

How are Birth to Three Programs Funded?



Birth to Three Programs Two Largest Challenges:

Funding:

- **B23 has been left out of all Cost-of-Living Adjustments (COLAs) increases since 2013.**
- **Continued flat funding** for 5 years, with no review scheduled for another 2 years, for the billing rate and the administrative payments.
- **No stabilization funds (ARPA funds)** were provided to B23 programs during the COVID-19 pandemic.

Work Force:

- **High salary costs** - B23 workforce is the most critical element to providing quality care to eligible children and families. These teams of therapists include highly educated, licensed, and/or certified clinicians that require competitive salaries commensurate with their education and level of experience.
- **Difficulty attracting new clinicians** has resulted in a severe work force shortage. It takes months to identify qualified candidates. Low salaries, high travel costs, and procedural documentation/training are deterrents to clinicians joining the B23 workforce.
- **Difficulty with Retention** - The work demands are not supported by the current rates. As such, these clinicians are leaving EI services to other sectors where they will receive higher salaries and better benefits such as schools, hospitals, clinics, and long-term care settings.
- **Therapist burnout** and high stress levels while providing in-person and remote services with increasing caseloads. There have also been procedurally mandated increases in responsibilities, training, and other requirements without compensation.

Legislative Recommendations:

We need a 2-tiered solution which addresses both short-term and long-term opportunities:

Short term – targeted investment infusing immediate funding to address the staffing crisis and unreimbursed costs by:

- *Increasing the monthly General Administrative Payment to programs to \$200 per enrolled child*
- *Providing an interim rate increase immediately*
- *Giving a one-time payment to programs based on enrollment (similar to MA Amendment No. 254 (11/21))*

Long term – Revision of regulations to provide predictable rate increases for programs to account for cost of doing business in Connecticut.

Supporting Information:

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Massachusetts:	19.5% rate increase over six years, averaging 3.25% per year. Additionally, millions in COVID relief funds were sent directly to providers.
Virginia:	Hourly rate is 23% higher than CT. Administrative payments to programs increased in 2019 from \$132 a month to \$242 a month (83% increase). CT's administrative/case management rate is \$100 per month and has been flat funded for 5 consecutive years.
Pennsylvania:	Annual average rate increase of 1.5 % for past 4 years.
New Jersey:	5% rate increase in 2021 and recent 2.5% increase in 2022.
Connecticut:	No funding increase in the last 5 years, no funding review scheduled for the next 2 years.

Additional Funding Facts:

- 2021 General Assembly Session passed HB-6689 which included \$280 million for community nonprofit providers of health and human services as well as a \$170 million Cost of Living Adjustment in the General Fund and \$110 million from the American Rescue Plan. **Birth to Three Providers were not included in any of this funding.**
- The CT B23 system, as part of the OEC, has a surplus as state reimbursement to the programs is lower than budgeted
- Per federal law, waiting lists are not permitted so there is a need to increase staffing to sustain current needs and growing referral numbers.
- COVID has significantly increased the challenges of continuing to provide services and the related costs.

Challenges with the Workforce...

- To ensure state and federal requirements are met, staff must be highly qualified and receive ongoing training and supervision that currently has no sustainable mechanism for reimbursement.
- B23 providers currently employ 1097 highly educated, professional, certified and/or licensed staff. There are no B23 interventionists with less than a bachelor's degree and most have advanced degrees.
- 86.6% of the providers report that it is either extremely difficult or difficult to recruit employees
- If state funding does not increase next fiscal year, **40% of programs say they will be forced to close or reduce their capacity to serve families.** 53.3% of programs would continue to serve children as best as they could with vacancies and reduced services to families.
- Some open positions within programs have been open for 1-2 YEARS! As we look forward to services over 3 - the shortage will impact us even more as of May 2022 and onward.
- Lack of Teachers of the Deaf has stopped some programs from being ready to provide services to children with hearing loss or impairment.

...Impact Families

- ❖ Families are waiting longer for evaluations, autism assessments (>30 days) and to start EI services. They are also waiting longer periods for an increase of specific service.
- ❖ Families have fewer choices of therapists and/or programs as most programs are experiencing staffing shortages.
- ❖ Staff turnover interrupts the therapeutic relationship and can slow progress for children.

...Impact Staff Retention

- ❖ Many staff are overworked. Stressed clinicians = low morale, poor retention, and poor work-life balance leading to staff burnout. This is NOT sustainable!
- ❖ Intense training causes a delay of starting to provide services (no reimbursement for new employee training = high costs/lost revenue for programs)
- ❖ High cancellations = decreased revenue = increase worries for job/salary stability